

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	MJW	50	02-24-01
FORMALITY REVIEW	A-M	JC 580	03-08-01
RESPONSE FORMALITY REVIEW	SS	573	07-12-01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/16/01 2403
2			
3	✓	✓	
4	✓	✓	
5	0	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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13			
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15			
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	1	✓	
21			
22			
23	✓	✓	
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32			
33	✓	✓	
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36			
37			
38	1	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	0	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	0	✓	

Claim	Final	Original	Date
51		0	6/16/01 2403
52	0	✓	
53	0	✓	
54	0	✓	
55	✓	✓	
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58	✓	✓	
59	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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